

“TWO SIDES TO A QUESTION.”

A FEW OBSERVATIONS

ON

MR. BRAITHWAITE'S “TEMPERATE EXAMINATION
ON HOMŒOPATHY.”

BY

WILLIAM BAYES, M.D.

EXTRA-LICENTIATE OF THE ROYAL COLLEGE OF PHYSICIANS, MEMBER OF THE
ROYAL COLLEGE OF SURGEONS, LATE PHYSICIAN TO THE BRIGHTON
DISPENSARY, AND PHYSICIAN TO THE CAMBRIDGESHIRE
SELF-SUPPORTING DISPENSARY.

“Now when you hear a physician or any other person ridicule Homœopathy, stop him short and say, ‘Do you know anything about it?’”—GRANIER'S *Conferences*.

Manchester :

TURNER AND CO., 41, PICCADILLY.

CAMBRIDGE: T. R. BRYANT, 19, MARKET STREET.

1860.

CAMBRIDGE: PRINTED BY JONATHAN PALMER.



WELLCOME INSTITUTE LIBRARY	
Call.	welMOmec
Call No.	p. vol
	WB 6:
	11:
	1-18

A FEW OBSERVATIONS,

&c.

MY DEAR SIR,

Some individual, no doubt with kind intent, having widely disseminated your "Temperate Examination of Homœopathy" among my patients, I have been requested to explain portions of your pamphlet, which to many of them were difficult of comprehension. I find on one point all are agreed, viz., that the Homœopathic medicines *cure*; and this very satisfactory and practical answer to theoretical objections might fairly be allowed to work its own way, were it not for the inherent curiosity in the human mind which will demand the how and the wherefore.

Following your example, I have endeavoured to write my few pages of reply in a popular strain, and I think you will concede, after your perusal of them, that there are "two sides to the question;" and if I fail to convince you on the theoretical side, (the one you have yourself chosen), I trust you will see sufficient reason adduced to warrant your investigation of the other, viz. "the practical side," and that you will investigate it fairly, temperately, and dispassionately, as becomes a catholic member of the profession of medicine.

For my own part, I have investigated the subject, and the

result of my investigation has been that I have adopted Homœopathy into my practice. Observe, *I object to the title of "Homœopath."* Its assumption savours of sectarianism. I object to any other title than that of "physician." If I prescribe for a patient in accordance with Homœopathic principles, it is because, after a theoretical and practical examination of the subject, I have come to the conclusion, that the Homœopathic method is most applicable to his case. I deem it my duty, as a catholic member of the medical profession, to prescribe in every case *on its own merits*, to the best of my judgment, whether that judgment forces me to prescribe specifically, *i. e.* Homœopathically, or (as is needful in some exceptional cases) palliatively, *i. e.* Allopathically.

Again, do not misunderstand me, in those few cases where I believe the Homœopathic treatment needs the aid of Allopathy, *it is not because the disease is acute*, for in all acute diseases my experience leads me to trust *entirely to Homœopathy*. The few exceptional cases to which I refer, are :

1stly. The recourse to an aperient, where there is a manifest accumulation in the bowels causing discomfort or disorder, and where the medicine homœopathic to the disease fails within a reasonable time to effect a removal of the obstruction.

There is a very general misapprehension, both in the professional and public mind, that those who practise Homœopathy are pledged never to use aperients or purgatives *under any circumstances*. This is an error, arising from the fact that aperients are rarely necessary to those who have been for any length of time under Homœopathic treatment. Homœopathy does not attempt to *cure disease* by purgatives, nor does it attempt to *cure constipation* by purgatives, having much more certain means at hand, in the possession of medicines which act specifically in correcting those morbid conditions which give rise to constipation ; but where there is an evident accumulation of fœcal matter causing constitutional disturbance,

some mild aperient means would be used to effect its removal. It is the abuse of aperients, not their legitimate use, which the new system repudiates.

2ndly. The recourse to an opiate or to chloroform in some cases where pain is so extremely acute as to produce danger to life, and where this pain is caused by mechanical irritation, such as the passage of a gall-stone, or the passage of a calculus through the ureter.

3rdly. The recourse to Elaterium, or to a strong diuretic, at the last stage of some dropsies, where the dropsy is the termination of organic disease, and where specific means having been tried and failed, cure is hopeless. These means may then be had recourse to as palliatives.

In these cases I believe it to be my duty as a physician to prescribe Allopathically, but they are of very rare occurrence; seldom being met with, excepting in those who have been long under Allopathic care, or of men who indulge inordinately in the pleasures of the table.

When railroads first came into use, it was supposed by some enthusiasts that horses would become useless, and would soon be driven off the road altogether—perhaps destined to ornament our parks in place of deer. Experience has proved that although the railroad is the best and quickest and pleasantest mode of transit on long journeys, nevertheless, the horse is useful in enabling the traveller to complete his journey. He readily seeks the cab or omnibus to convey him to its termination.

I conceive it is not otherwise in medicine, and that though all severe diseases are best treated Homœopathically, occasional aid will for the present be sought from Allopathic adjuncts.

Allopathy, though justly deposed from her queenly throne, may yet fill a useful place as a humble handmaiden.

“There is a peculiar conservative ignorance belonging to the learned, which has always stood firmly in the way of the advancement of the world in true knowledge.”

ARTHUR HELPS.

Columbus had great difficulty, when he first propounded his views, “in contending with *adverse geographers and men of science in general*, of whom he says, *he never was able to convince any one*. After a new world had been discovered, many scattered indications were then found to have foreshewn it.”*

The Spanish *junta of Cosmographers* reported that “so many persons *wise in nautical matters* as had preceded the Genoese mariner, never could have overlooked such an idea” had there been any truth in it, and they decided that Columbus’ scheme of western exploration was “*vain and impossible*, and that it did not belong to the majesty of such great princes to determine anything on such weak grounds of information.”

But the Providence of God overruled the finite wisdom of man. Notwithstanding the opposition of the *junta of Cosmographers*, Columbus sailed and discovered the New Continent.

There are few more learned assemblies than the French ‘Academy’; yet in 1805, when Napoleon I. applied to this learned body to know “if concentrated steam, according to Fulton’s method, could propel a vessel, *these philosophers replied with a burst of Olympic laughter*. The Emperor was extremely mortified at having shewn his ignorance, and, thanks to the learned sceptics, the clock of civilisation was stopped for a quarter of a century.”†

But when Columbus returned from his successful exploration with the proofs of his discovery, even the *junta of Cosmo-*

* *The Spanish Conquest of America*, by Arthur Helps.

† Granier’s *Conferences on Homœopathy*. (Leath & Co.)

graphers ceased to stigmatize his scheme as “vain and impossible,” and the *Academicians* ceased to laugh at steam when locomotives and steamboats practically proved its power.

In like manner, Homœopathy has been brought under the notice of the Allopathic body of the profession. It has met the common fate of all new truths.

But though “Conservative ignorance” might plead some excuse for the first “burst of laughter,” in which the “learned” Allopaths indulged when Homœopathy came before them as a *theory*, yet, now that the proofs of its *practical power* exist on every side, it may well excite a grave surprise that the “learned” (among whom I would fain class you) should remain so wedded to “Conservative ignorance,” as still to prefer laughing at the theory to fairly enquiring into the practice of Homœopathy.

When your pamphlet was placed in my hands, I confess to having been favourably influenced by its title-page, “A Temperate Examination of Homœopathy;” and when to this attractive title was added the weight of your long respected name, nothing seemed wanting to ensure a fair treatment of the subject you had undertaken to deal with. But my hopes were doomed to serious disappointment, for as my eye wandered over page after page, I found little else than a *rechauffé* of the old assertions without proof, and of abuse without argument, by which Homœopathy has hitherto been, almost invariably, assailed by its Allopathic opponents.

There is a good story told in Granier’s *Conferences* on Homœopathy, which has a practical application to your tract. It is this: “One of the forty members of the French Academy presented himself one day to Cuvier, and said, ‘I am going to submit to you a question of Natural History. Being appointed to correct a part of the letter C. in our Dictionary, I have written for the word *Crab*, “the crab is a red fish

that walks sideways.” ‘Sir,’ replied Cuvier, ‘your definition is excellent; by this description all the crab-eaters—and they are numerous—will not fail to recognise it.’ Then, calling back the Academician, Cuvier whispered in his ear: ‘Between ourselves, the crab is *not a fish*; it is *not red*; it does not *walk sideways*. With these exceptions, your definition is perfect; keep it for the benefit of crab-eaters.’”

Now your title, in the same way, is excellent and will not fail to be recognised by Allopathic readers, and they are numerous; but I too would whisper in your ear, your pamphlet is *not temperate*; nor is it an *examination of Homœopathy*. With these exceptions, your title is excellent—keep it for your Allopathic readers.

Homœopathy has of late years been attacked by numerous Allopathic writers, and these attacks are every year becoming more and more violent. Professors attack it from their professorial chairs; journalists from behind the screen of the editorial *We*; and young physicians, before they settle down in life, have a fling at it, just out of the very exuberance of budding Allopathic adolescence.

First came these light skirmishers of the Allopathic army; then the main body joined in pitched battle; and these having found the foe too stubborn, have at last called you, their rear-guard, from your usual duties, to support their hardly pushed columns.

You confess that in writing an article against Homœopathy you are passing the usual limits of your half-yearly task. Why?

Dr. Johnson says, “Attack is the re-action; I never think I have hit hard, *unless it rebounds*.” And I suspect that the Allopathic professors and the Allopathic journals must have been hit, not only hard, but very hard indeed, when the blow has passed through their weighty arguments, when it has

shivered journalistic scurrility, and has hit you, in the retirement of your *Restrospect*, so hard as to produce a tolerably sharp rebound.

This causes me, as one deeply interested in the success of Homœopathy among the profession, to rejoice in this new evidence of the spread of what I believe to be “truth in medicine.”

That professors of medicine oppose Homœopathy in their schools, should excite no wonder. The function of professors is “conservative,” not progressive; their part is to preserve “science as it exists” from the too rude shocks of new ideas, of new systems; to act as “buffers” between new and old, in order to moderate their collision. I have therefore nothing to say against the part originally assumed by professors of medicine when they opposed the theory of Homœopathy. They were bound to oppose it, as they are bound to oppose every new science until it triumphs over their opposition by the innate force of truth, until *its facts* become so patent and so incontrovertible, that they are forced to receive *its theories*.

I do not wish to cavil at this professorial opposition, but simply to point out that the opposition of professors, to any new science, has so strong an antecedent probability, as to amount almost to a certainty, and that therefore its existence is no argument against the truth of Homœopathy.

Professorial opposition to new truths has no permanence.

Already the number of professors of medicine in European Universities, who have examined and have consequently adopted Homœopathy, suffices to shew a fair promise of the “dawn of truth;” a number more than sufficient to shield those less known and humbler of its supporters from the stigma of “quacks” and “impostors,” so constantly flung at them by the less honorable of their opponents. The “Alma-

nach Homœopathique" gives a list of thirty-two professors in European Universities, or faculties of medicine, who practise or support Homœopathy, viz.:

In the University of Vienna—Drs. Arneth, Veith, and Wurmb.

In the University of Munich—Dr. Buchner.

In the University of Gratz—Dr. Mally.

In the University of Erlangen—Dr. Leupoldt.

In the University of Jena—Drs. Martin and Starke.

In the University of Przemyśl (Gallicia)—Dr. Beck.

In the University of Trieste—Dr. Zlatarowitch.

In the University of Rome—Dr. Ladelei, Professor of Botany.

In the University of Genoa—Dr. Botto and Dr. Soleri, Professors of Pathology.

In the University of Bologna—Dr. Taglianini, Professor of Materia Medica.

In the University of Cagliari—Dr. Nonnis, Dean of the Faculty.

In the University of Christiana—Dr. Boeck.

In the University of Prague—Dr. Altschul.

In the University of Zurich—Dr. Arnold.

In the University of Louvain (Belgium)—Dr. François.

In the University of Coimbra (Portugal)—Dr. Galvao.

In the University of Edinburgh—Dr. Henderson, Professor of Pathology.

In the University of St. Andrew's—Dr. Macdonald.

In the University of Strasburgh—Dr. Kirschleger.

In the University of Naples—Dr. Quadranti.

Also Professors in the Faculty of Medicine:

Madrid—Drs. Hysern, Janer, and Obrador.

At Barcelona—Dr. Folch, Dean of the Faculty of Medicine.

At Pontevedra—Dr. Somoza, Professor of Natural History.

At Valencia—Dr. Hernandez, Professor in the Faculty of Medicine.

At Montpellier—Dr. Parlier, Professor-agrégé in the Faculty of Medicine.

At Brunswick—Dr. Fielitz, Professor in the College of Surgery and Anatomy.*

The Medical journals oppose Homœopathy. They have their reasons. They are mere commercial speculations; their editors are the servants of the public; they must write to please their readers. So long as the majority of their subscribers are to be found among the pill-compounding and draught-mixing Allopathic Apothecaries, so long they will decry Homœopathy; so long will they refuse to insert the reports of cases treated Homœopathically; so long will they admit all the attacks on Homœopathy, and those practising it; so long will they refuse to insert all reply to those attacks; so long will they continue to refuse even to insert advertisements of Homœopathic works. So long, and no longer. The excuse of the editors lies in the will of their readers.

I neither blame the editors of the Medical journals for their human weakness, nor do I regret the course they have pursued; for, mark the results: Homœopathy has *its own journals, its own literature, its own Reviews*; and by the aid of these it has progressed far more rapidly and soundly than it would have done, had it been accorded a weekly corner in an Allopathic journal. It is spreading in every direction, in all civilized countries; and the public, through its press, are better informed on all points respecting Homœopathy, than are the members of the Allopathic profession.

The ostrich is said, when hotly pursued, to bury its head in the sand, foolishly imagining, when it shuts its hunters from its sight, that it is equally invisible to them. Meanwhile the hunters are upon it, and capture the confiding bird, an easy prey.

* See *Medical Observer*, April, 1860.

Now the Allopaths are following an ostrich-like policy. They shut their eyes and their ears to Homœopathy. They exclude from their medical assemblies all who have tried it experimentally and have testified to its success. They refuse to meet any one in consultation, who, having tried Homœopathy, has adopted its practice. They refuse *to read about it*, or *to look at it*, or *to think about it*; and having thus imposed upon themselves total ignorance concerning Homœopathy, *as it exists* around them, they quietly sit down, and think it no longer pursues them. It is impossible to find a parallel to such folly, save in the blind self-confidence of the hapless ostrich.

Your own opposition, as editor of the *Retrospect*, arises, I suspect, from your having too resolutely *looked back* over the Allopathic past, while you steadily withhold your gaze from the Homœopathic present, and thus refuse to accord to Homœopathy the “hospitality of your genius.” Are you not adhering too closely to your motto? Is it not as well for one who writes on new things to be “*Circumspect*” as well as “*Retrospect*”? An old practitioner once said, “There are some men who are so blind *they can’t see*, and some men who are so blind *they won’t see*—and, upon my word, the last are less curable than the first.” I much fear that, so far as Homœopathy is concerned, our Allopathic friends belong to the latter category.

Your first pamphlet professes to be “A Temperate Examination of the doses and provings of Homœopathy.”

Your argument against the doses used by those physicians who practise Homœopathy, is solely directed against *Infinitesimal doses*; though you must be aware, if you have read their most accredited writings, that their practice is by no means *confined* to the use of Infinitesimals,—though their

doses are always by many degrees smaller than those employed by the opponents of their system.

Your argument then is solely directed against Infinitesimals, and may be thus expressed :

“Infinitesimal doses are absurd, such as the 1,000,000, 000,000th (billionth) of a grain or drop, or the 1,000,000,000, 000,000,000,000,000,000,000,000,000,000,000,000,000th (decillionth) of a grain or drop.” Why absurd? You say, ‘simply because they are infinitesimal.’ You positively give no other reason.

You appear to be unaware that there are “two sides to this question,” the theoretical and the practical.

You have chosen the *theoretical*, and therefore disbelieve in Infinitesimals. I have chosen the *practical*, and therefore believe in them. The practical question is, not whether the dose is *absurd*, but whether it is *effective*. I know that it is effective, because I have tried its effects, and have found these almost incredibly small doses do produce results, not only curative, but curative in cases where larger doses have failed. I know of many thousand cases, occurring under my own observation, where diseases have been cured by infinitesimal doses more quickly, more safely, and more pleasantly than would have been the case had larger doses been employed; and I claim the right to advance this comparative opinion on this point, because I have had large opportunities of Allopathic practice, and can compare my present experiences with my past.

Therefore, to your assertion that “infinitesimal doses *are absurd*,” I answer, ‘infinitesimal doses *are curative when applied on Homœopathic principles*.’ I am ready to back this assertion by proofs.

When you assert that infinitesimal doses are absurd, you appear to be as perfectly satisfied with your opinion, as were the Academicians with theirs, when they laughed at ‘Steam.’

and this was not sixty years ago. The Academicians laugh no longer. Why did they laugh?

Because they were ignorant of the power of steam when properly applied. They would have told you that to expect steam to move a ship, was “contrary to common sense founded on past experience.”

And if I were to ask you why infinitesimal doses were absurd, you too would probably answer, “Because it is contrary to *my common sense, founded on past experience*, to expect any action from such minute doses of medicine.” To this I should answer: ‘If your past experience does not include the Homœopathic application of small doses of medicine, your past experience weighs for nothing in the present case.’ In fact, my dear sir, you are reasoning in a circle; you say: “Infinitesimal doses are absurd, because they are infinitesimal.”

All your argument is thus reduced to a simple affirmation, which, though it appear so perfectly satisfactory to yourself, brings no conviction to my mind, because I know that infinitesimal doses are active and powerful when well applied; and it brings no conviction to the minds of those who have practically tested their power during attacks of severe disease. In fact, you convince none but those *who are practically ignorant on the subject of infinitesimals*.

Your statement as to the mode in which dilutions and triturations are prepared, is correct. And you have given the right arithmetical calculations in expressing the amount of subdivision attained in each dilution, viz. :

The 1st contains the 100th			{ of a drop of the strong tincture or of a grain of the crude drug.	
The 2nd	„	10,000th	„	„
The 3rd	„	1,000,000th	„	„
The 4th	„	100,000,000th	„	„
The 5th	„	10,000,000,000th	„	„
The 6th	„	1,000,000,000,000th	&c., &c.	

Every one who has read any one of the numerous writings on Homœopathy, by physicians practising it, is already conversant with the fact that the Infinitesimal preparations are made by diluting one drop of the strong tincture of the drug with ninety-nine drops of alcohol, and then shaking it until a thorough admixture has taken place, and that this mixture is called the first dilution;* that the second dilution is prepared by taking one drop of the first, and adding it in like manner to ninety-nine drops of alcohol; and that proceeding in this manner, each higher dilution is prepared from the one immediately below it, until the desired dilution is attained.

These calculations, which occupy so large a portion of your first pamphlet, are not yours, but are to be found in all works on Homœopathy. Physicians practising Homœopathy, from Hahnemann, its founder, to the present day, have always avowed the administration of the Infinitesimal doses, and have openly explained in their writings how these were prepared. There has been no mystery on this point in the practice of Homœopathy. When a physician prescribes homœopathically, it is usual to place a number against the name of the medicine denoting the dilution prescribed. There has been neither attempt nor desire to conceal the strength of the medicine used. So far therefore as you have fairly stated the case, I have no fault to find, save in the general manner of it, which reads as if you desired to impress your readers with the idea that you were dragging to light some concealed and hidden mystery, where neither concealment nor mystery has ever been attempted.

But when you come to talk of *tubs-full* of water, of lakes, and lastly of the Atlantic Ocean being impregnated by the infinitesimal dose by merely pouring the medicine into them;

* Solid substances are triturated down with sugar-of-milk instead of alcohol, but in the same proportion.

when you say, "I put the medicine in the Atlantic; you cannot perceive it, but it is certainly there, and the few drops which I have given you must contain some of it," you must pardon my saying you are writing very great nonsense; since, in the first place, it would be *impossible* to thoroughly mix so small a quantity of medicine in so large a quantity of fluid; and secondly, you may have put your drop into the Atlantic at New York, but it by no means follows that your drop, or any portion of your drop, will be in the wine-glassful of sea-water which you draw out of the Atlantic at Galway. A thousand chances may have happened to it, to which our dilutions are not exposed. Some adventurous fish may have swallowed it the moment after it left your hand; rendered powerless by the potency of your physic, the fish may have fallen an easy prey to a sea-gull; and possibly the sea-gull, in his turn, stupified by the unexpected dose, may have been caught and eaten by an osprey, who may be soaring high over your head, shrieking with some new sensation caused by his medicated meal. Or if too nauseous even for a fish's palate, your drop of medicine will certainly, if soluble, have undergone speedy chemical decomposition when placed in contact with the ever-changing salts in the sea-water. This affords no sort of parallel to the changes which take place during Trituration or Succussion in Hahnemann's method of preparing the dilutions of medicines. The two 'media' used are, alcohol for the tinctures, or pure sugar-of-milk for the triturations. Therefore danger from *chemical decomposition* is avoided, as well as those adventitious dangers from inquisitive or hungry denizens of sea or air. In fact, by Hahnemann's method, a substance may be gradually reduced to a state of almost, if not quite, atomic division—but it is *never lost*. All division beyond the fifth trituration in mineral substances, and all division from the crude plant in vegetable medicines, is effected by solution in alcohol; and this, if kept

from heat and sunlight, preserves the medicine from all chance of decomposition. In this state of extreme atomic division, substances are ready for rapid chemical change; this may partly account for the extraordinary powers they possess, while it enforces the necessity for great caution in guarding them from casual harm, from impurities in the media with which they are prepared, and from exposure to heat or sunlight.

Possibly you may say, 'How do you know that matter is capable of division into millionths, or billionths, or decillionths of a grain? and how do you know that your trituration or dilution contains the medicine by whose name it is called?'

Dr. Taylor chose, on one occasion, to say that Homœopathic globules contain no medicine, for though he had analysed them on many occasions, he never could detect any medicinal substance in them. I cannot therefore but allow that such a question from you would be a fair one. (*En passant*, I would remark that Dr. Taylor's opinion has a negative value, as it proves the falsity of the accusation, brought by some opponents against Homœopathy, that the physicians who practise it use *concentrated* drugs.) Dr. Taylor could not detect medicine in the Homœopathic preparations, simply because his tests were not fine enough to detect such small quantities of medicine as were contained in the globules. Dr. Taylor's observation would have told against the honesty of the Homœopathic chemist, if he had been able to say, '*I can detect the decillionth part of a grain of arsenic in a drop of water*, but I have analysed a tube full of the globules of the 30th dilution of arsenic, and they failed to respond to my tests.' But if Dr. Taylor says, 'I can detect the 10,000th of a grain of arsenic in a wine-glassful of water, therefore when your bottleful of globules, which professes to contain the decillionth, does not respond to my tests, I know there is no arsenic in them;' then Dr. Taylor is arguing most illogically, and his assertion that

the globules contained no arsenic, is unworthy of a man of science. Put a parallel case. Columbus said that by sailing so many weeks in a given direction, you would reach the New World he had discovered. Suppose that a member of the 'junta of Cosmographers,' who would not be convinced, sailed three days in the given direction, and then returning, accused Columbus of falsehood, because he had sailed three days, and seen nothing of the New World, how much credit would he have obtained? It is needful to pass out of the realm of fact, and to imagine some such folly in order to parallel the force of Dr. Taylor's observation.

There are four tests, each exceeding the other in fineness and delicacy, by which the infinitesimal particles of medicine may be discovered.

The Chemical.

The Microscopical.

The Decompositional.

The Vital.

1st. The chemical test will detect the presence of medicines in most of the lower dilutions, if a sufficient quantity of the dilution is used. In most cases this may be used up to the third, and in some cases up to the fifth dilution.*

2ndly. When the experiments are made with dilutions or triturations, in which the quantity of the drug is so small that no response is gained from simple chemical questionings, then the microscope assists us to proceed further than the naked eye, and enables us to see the minute crystals or delicate characteristic colours produced by the chemical re-action, and thus to recognize the medicine, which otherwise we should fail to find.

* See a paper by T. H. Willans, Esq., in the *Monthly Homœopathic Review*, May, 1858.

3rdly. We require a yet more delicate test than is to be obtained by chemistry, even when aided by the microscope, and we find this in the microscopical investigation of minute characteristic plants found in the decomposition of solutions containing the medicines. The mode of conducting this experiment is as follows: Prepare a solution of the medicine in pure distilled water, place this solution in a corked bottle partially filled, and let it stand in the sunlight until minute flocculi appear. When these minute flocculi are placed under a microscope of high power, they are seen to be ‘confervæ,’ and these confervæ are found to correspond with those which are known to be developed in the decomposition of the substance experimented on. Thus in sulphur springs, a minute plant is found to be developed, which is named the *Calothrix nivea*. In the decomposition of a solution of an infinitesimal dilution of sulphur, the same plant is discovered, thus proving the presence of sulphur in the dilution experimented upon. So far as has been ascertained, it appears that each substance in nature has its appropriate plant produced during its decomposition in sunlight, and if this be true, it affords us a very beautiful test for our infinitesimal dilutions.* These plants are of an extremely delicate structure, and the experiment requires to be conducted with the greatest care.

4thly. The vital test. This is the most delicate of all, and is found in the immediate response of the system (when diseased) to the action of that medicine which is Homœopathic to the diseased condition, and also in the medicinal aggravation of the symptoms which may be induced by an over-dose.

You will probably be sceptical as to the latter test; you may possibly try the three former; but when you have convinced yourself by the first three, I hope you will have the candour to experiment on the fourth.

* See a Paper in the *Monthly Homœopathic Review*, vol. iii. p. 146.

Perhaps you may say 'that even if it were granted (for the sake of argument) that matter is capable of such extreme sub-division, as the decillionth of a grain implies, that still this in no way removes your objections as to the absurdity of trusting to the infinitesimal dose in the treatment of disease; that even, although you might be able to believe that matter is infinitesimally divisible, still you cannot believe in the active powers of such infinitely divided matter.

I can make every allowance for your want of faith,—I once felt as sceptical on that point as you do at the present moment; but I cannot think that you have acted wisely or well in publishing your scepticism to the world. It seems to me that in the face of such overwhelming testimony as exists around you, which has been borne by men as capable of correct judgment as yourself, that you would have done well to have listened to their witness, and to have sought *practically* and *experimentally* into the matter;—to have made *in fact* what you have professed to do in *theory*, "A temperate examination of Homœopathy."

An "Examination of Homœopathy" ought to have been conducted by you "as becomes a catholic member of the universal school of scientific investigation." I confess to considerable surprise, when I find the whole *argument* of your first tract is founded on *theoretical objections* to infinitesimal doses, and a *barren and purely theoretical examination of the provings*.

In no case has your 'Examination' led *you to prove* whether these things *are true*. You content yourself by making a simple affirmation that they *ought not to be true*, according to your past Allopathic experience.

You *do not believe* in INFINITESIMALS. You *do not believe* in the symptoms which Hahnemann asserts to have been produced by poisonous doses of the drugs named.

Therefore, you argue, that *infinitesimal doses are powerless* :

and that the *drug-provings are false*, since they do not accord with your belief.

Is this line of argument a fair one? I think not. You may know everything in medicine *except* Homœopathy; but this exception is fatal to your argument; especially as your *disbelief* is unsupported by facts, and cannot therefore stand against the contrary, and *full belief in Homœopathy*, professed by all medical witnesses who have fairly, fully, and patiently examined the subject practically.

In your second pamphlet you assert, that Homœopathy has been tested practically, and found to fail; and you support this assertion by reference to M. Andral's Experiments at the hospital La Pitie in Paris. Had your 'restrospection' been less obstinately Allopathic, I scarcely think you would have hazarded the venturesome experiment of quoting, or even of alluding to, M. Andral's so-called experiment. Since this is the only practical experiment alluded to by you, I conceive that there is no other professed record of any series of experimental investigation into the practice of Homœopathy made by Allopathic physicians or surgeons, excepting only those which you and your brethren reject *because the testimony has been favourable to the new science*. These experiments of M. Andral's, then, are relied upon by the old School as being a sufficient answer to the experiments which, in England, have been made by *hundreds of physicians and surgeons*, and by *two professors in British Universities*, which have invariably ended in convincing them of the truth of Homœopathy.

M. Andral's experiments, if they are thus to weigh against the testimony of hundreds of English physicians and surgeons, against that borne by the long list of European professors previously given, against that borne by many thousand physicians and surgeons on the continents of Europe and America,

ought at least to be clear and conclusive to the last degree. Let us for a few minutes examine them. If you refer to Dr. Irvine's criticism on M. Andral's experiments, in an early volume of the *British Journal of Homœopathy*, you will see that the experiments were made more than twenty-six years since, at a time when no practical work on Homœopathy had been published in France. This may form some excuse for the fact that in scarcely a single case did M. Andral *give the medicine which a competent Homœopathist would, in a similar case, have prescribed*; and, "that though three-fourths of the cases treated were such as required a long course of medicines to cure, none of them received more than one dose of the medicine." In fact, nothing but a total ignorance of the principles and practice of Homœopathy could excuse such a trifling with human life by M. Andral, as is evidenced in the record of these cases contained in the *Bulletin Général de Thérapeutique*, (Sept. 1834). But though this ignorance of Homœopathy might excuse the bungling and trifling experiments of M. Andral, nothing can excuse the dishonesty of his publishing his failures to the world, as failures of the system whose practice he simply caricatured; and nothing can excuse, in the eyes of honest men, Dr. Simpson's reiteration of this practical error, after it had been fairly and critically exposed; and your further perpetuation of it in your pamphlet forces me to believe you either a somewhat unscrupulous partisan, or at least a very careless reviewer.

Homœopathy cannot, and ought not to be held responsible for M. Andral's failures, for the two reasons above named; firstly, that he gave the patients the *wrong medicine*; secondly, that he gave *only one single dose* to each case, and as that failed to cure, resorted to Allopathy.

What M. Andral's experiment did prove was, either firstly, that the wrong medicine when given did not affect the patient; or secondly, that an acute disease cannot be cured by one single

dose of medicine. So far I agree with M. Andral, and think that to prove this, so much time and trouble need scarcely have been wasted.

There is a story told of an old stage-coachman, who was annoyed beyond measure at the threatened progress of steam. Being of a demonstrative turn, he determined to prove the power of steam by experiment. To this end he placed a tea-kettle full of boiling water under his chair, to try whether or no steam really possessed the vaunted motive power. Great was his delight, and that of his assembled brother-whips, when they saw the steam curling gracefully upwards without moving the experimenting coachman one inch ; their laughter grew loud and long as he chaffed the hissing tea-kettle, "Steam against horse-flesh, indeed ! well it didn't appear to move him much," &c., &c. The experiment ended in convincing these men of the road, that steam was all humbug,—but it did not check the development of steam power, nor retard the progress of the railroad. Nor has M. Andral's twin experiment hindered Homœopathy.

Both failed in their aim from the same cause.

It can but raise a smile, when we, who know "both sides of the question," read such statements as those with which you wind up your second pamphlet. Their variance with fact is, I would fain believe, simply because they relate to things so long gone by, that 'retrospection' is clouded by the mist of distance. You do not appear to be aware that the 'Naples commission,' which you report as having *decided against Homœopathy*, was publicly censured by the government for having decided "in accordance with their prejudices, and not in accordance with the clinical results;" while two of the physicians on the commission, more candid than their *confreres*, were so completely convinced of the truth of Homœo-

pathy by this very enquiry, as to embrace it: and further that “this commission was followed by a royal decree granting to the Homœopathic Society of Naples the title of Royal Academy.”

Your *canard* about Russia is equally veracious. Homœopathy is rapidly advancing in Russia, and has its hospitals and dispensaries in different parts of the empire.

Nothing would be more surprising than the ignorance displayed as to the progress of Homœopathy by its opponents, were we not to bear ever in mind their *ostrich-like* policy.

I hear on every side, stories against the system, raked up from old books; many of these have, to my certain knowledge, been in circulation many years, and still pass current in Allopathic circles, though their falsity has been refuted over and over again *usque ad nauseam*.

You accuse the Homœopathists of misrepresentation in calling theirs the “*new system*,” and Allopathy the “*old system*”; and you say, “*Every year we record three hundred improvements in the knowledge and practice of medicine. How can this be called the old system?*”

I cannot think this accusation a very grave one. Ever since the time of Hippocrates, two thousand years or more, the principle of “*contraria contrariis curantur*” has been practised, (and possibly enough, three hundred improvements have been proposed every year by the disciples of the ‘divine old man of Cos,’ though no anti-christian era, or mediæval Braithwaite, lived to record them). Surely this two thousand and odd years is a tolerably long lifetime for a system, and there can be no need for Allopathy, like a coy maiden, to try to hide her years.

Hippocrates also promulgated the opposite mode of cure, viz., “*similia similibus curantur* ;” but though thus first mentioned by him, and now and then looked at by other practi-

tioners of the healing art in all ages, it was never fairly developed into a system till Hahnemann vitalised it by his drug-provings at the latter end of the last century. Surely our venerable sister, who has numbered two thousand summers, cannot harshly visit the pardonable vanity of her younger sister of sweet seventy, in calling herself new.

The 300 annual improvements which you profess to have recorded can scarcely be persistent, or even in your lifetime what a cumbrous machine your old family coach of Allopathy would have become. For twenty years you have annually recorded 300 improvements! 6000 improvements added to the system! 6000 ornaments added in the last twenty years to our venerable sister's equipage must in no little degree increase her difficulties of progression, and would in themselves prove a study for the curious. But 6000 *improvements* cannot by any stretch of reasoning be said, my friend, to make your "Old System" a new one. A new set of teeth do not give juvenility to an antiquated spinster, though they may improve her appearance.

Why not stick to the simple truth? I am ready to admit that the Allopathic body of the medical profession have always willingly adopted any suggested improvement to *their system*, just as the old coachman was anxious enough to adopt any improvement for making his coach more perfect, or for increasing the comfort of his horses. But the old coachman was not more irate at the proposal to substitute *steam* for *horse-power* in locomotion, than is the good old apothecary at the proposed *change of system*, by the substitution of Homœopathy for Allopathy. He laughed at the tea-kettle till he saw the railroad in operation; then he laughed no longer, but got savage, and tried to run in opposition. But steam was too strong for him, *though it did not move his chair one inch*. The old coachman was the last to believe in steam, he refused to believe in it after all the rest of the world were using it,

and he died out, prophesying the impossibility of its stability. But what matter? he and his prophecies are now only matters of history. I concede it was rather hard on the many-coated men of the road; they had gone on improving from the old stage-waggon to the light, fast mail-coach, they had made hundreds of little improvements before they arrived at perfection, and twelve miles an hour: but their *improvements* did not save them when a newer, a more rapid and easier mode of travelling sprang up. And so, despite your improvements, your *system* is the same; your improvements cannot save you against that which is newer, more rapid, easier and safer in its operation; and if Homœopathy embodies these advantages, you will find it more advantageous to examine it practically, and to let theoretical objections rest in the 'limbo' of Allopathy.

Hear what Archbishop Whately says in his Annotations on Bacon's Essays on Innovations:—

"In most countries people like change in the fashions of their dress and furniture; in almost all, they like new music, new poems, and *novels* (so called in reference to this taste), pictures, flowers, games, &c., but they are wedded to what is established in laws, institutions, systems, and in all that relates to the main *business* of life.

"This distinction is one which it may often be of great importance to keep in mind. For instance, the ancient Romans and other Pagans seldom objected to the addition of a new god to their list; and it is said that some of them actually did propose to enrol Jesus among the number. This was quite consonant to the genius of their mythological system. But the overthrow of the whole system itself, and the substitution of a fundamentally different religion, was a thing they at first regarded with alarm and horror; all their feelings were

enlisted against such a radical change. And any one who should imagine that the Gospel could be received with some degree of favour on account of its being new, because, forsooth, men like novelties, and that, therefore, something short of the most overpowering miraculous proofs might have sufficed for its introduction and spread,—such a person must have entirely overlooked the distinction between the kinds of things in which men do or do not favour what is new.

“And the like holds good in all departments of life. New medicines, for instance, come into vogue from time to time, with or without good reason ; but a fundamentally new *system* of medicine, whether right or wrong, is sure to have the strongest prejudices enlisted against it. If when the celebrated Harvey discovered the circulation of the blood, he had, on the ground that people often readily introduced some new medicine, calculated on a favourable reception, or even a fair hearing, for his doctrine, which went to establish a fundamental revolution, he would soon have been undeceived by the vehement and general opposition with which he was encountered.

“And it was the physicians of the highest standing that most opposed Harvey. It was the most experienced navigators that opposed Columbus’ views. It was those most conversant with the management of the Post-office that were the last to approve of the plan of the uniform penny-postage. For, the greater any one’s experience and skill in his own department, and the more he is entitled to the deference which is proverbially due to each man in his own province [‘*peritis credendum est in arte sua*’] the more likely, indeed, he will be to be a good judge of improvements in details, or even to introduce them himself ; but the more unlikely to give a fair hearing to any proposed *radical* change. An experienced stage-coachman is likely to be a good judge of all that relates to turnpike-roads and coach-horses ; but you should not consult him about railroads and steam-carriages. Again,

every one knows how slowly and with what difficulty farmers are prevailed on to adopt any new system of husbandry, even when the faults of an old established usage, and the advantage of a change, can be made evident to the senses."

Again you couch your lance firmly, and shout your defiance against the Homœopaths, saying: "You call the drugs used by Allopaths, POISONS. This is a total misrepresentation, in fact it is a very discreditable accusation. *Regular physicians* and surgeons are exceedingly careful when they prescribe strong medicines. The day has long since passed when the strong-dose system was used, &c., &c."

Now, my dear Sir, if I were inclined to cavil at your want of courtesy, I should ask, why do you arrogate to yourself and your Allopathic friends the title of 'regular physicians and surgeons?' Such an assumption on your part is a vain and empty boast. All physicians and surgeons who are *registered* are *regular*. And of these 'regular physicians and surgeons' nearly if not quite two hundred in Great Britain are practising Homœopathy, after having practically tested *both sides of the question*. I would remind you that *Regular* and *Allopathic* are not convertible terms, and you cannot fail, during your twenty years' 'retrospection,' to have noticed that there is very little *regularity* in Allopathic practice, since they have no *rule* of practice laid down for their guidance. If any practitioners deserve the term *regular*, it is those who practise Homœopathy, since they have a *definite rule* for their guidance.

Leaving you, however, all the advantage of the title you assume on the *lucus a non lucendo* principle, we will pass on to the consideration of the question as to *whether Allopaths use poisons*, or whether they do not? and will follow up this question with another, viz., whether they use them in poisonous doses? We shall then see whether it was injured inno-

cence or passionate heat which gave vent to the terms "total misrepresentation" and "discreditable accusation."

Again I have to complain of your barren mode of using simple and unsupported assertions instead of arguments.

I turn to the last edition of the *London Pharmacopœia*, to see whether your assertion is true; and whether your little sneer that "the Homœopath does not read modern books but only ancient ones" can explain the very contrary opinion I hold, from you, on the subject of the poisonous character of Allopathic medication. But I find no radical change in the *London Pharmacopœia*. I find its long list of poisons all there; its arsenic, its mercury, its opium, its prussic acid, &c. &c. Not one has been expunged. Where then, O champion of Allopathic innocence, is the "total misrepresentation," the "discreditable accusation" in the Homœopath saying that Allopaths use *poisons*? I thought, at least, we might here have met on common ground, and that you would have allowed that opium and prussic acid and arsenic were poisons; and that you would have confined yourself to the proving that the administration of poisons is a necessity in Allopathic treatment. Indeed I do not see how any of these poisons could be expunged from your *Pharmacopœia*, for they are among the most useful and powerful of your medicines. Poisons have their use if well applied. Homœopaths use them as well as yourselves, but with this difference, that they use *a dose so small as to be non-poisonous*; and they apply the drug on opposite principles to those which guide you in their employment.

You give colocynth *as a purge*. A physician prescribing it homœopathically would give it *to arrest some forms of diarrhœa and dysentery*.

You give opium to *compel sleep, to deaden nervous sensibility, and to check diarrhœa*.

The physician prescribing opium homœopathically would

give it to *rouse from stupor, to increase nervous sensibility, and to remove obstinate constipation.*

You use the poisonous properties of drugs; Homœopathy discards their poisonous properties and uses only the beneficent.

You see there are “two sides to this question.” We do not expect our infinitesimals to produce the same effects as your massive doses; on the contrary, we expect them to produce an apparently opposite effect.

You will not deny that when a man is killed by opium he is poisoned to death by sleep. The lethal dose of opium induces *deep sleep*, with stertorous breathing; *insensibility* to external impressions, with *a contracted condition of the pupils*. When therefore an Allopath gives opium to deaden nervous sensibility, *i. e.* to relieve pain; or when he gives opium to induce sleep in such doses as to compel sleep and to contract the pupils, he uses the *poisonous properties* of the drug, though he tries to modify the dose so that the poisonous effect may be only transient. The man who is poisoned to death by opium *sleeps to death*. The man who sleeps from a dose of opium and wakes again, has been only half-poisoned and then comes to life again.

Or let us take colocynth as our example. An Allopath gives colocynth as a purgative. If a man takes an overdose of colocynth, in what way does it affect him? It purges him violently. If it kill him, how does it kill? By violent and unrestrainable purging.

Here again, I say, you are using the poisonous properties of colocynth when you give colocynth as a purge.

And so on throughout the whole Pharmacopœia, what else are your purgatives, your emetics, your diuretics, your diaphoretics, your sedatives, your narcotics, but poisons whose action it is your endeavour merely to restrain on this side of killing your patients? The first four are poisons, against

which nature struggles manfully in attempting to cast them out of the system, by the bowels, by the stomach, by the kidneys or the skin, and in these life-throes you hope that the disease may be cast out as well as the poison. The two last, namely sedatives and narcotics, act by prostrating the nervous system, and are therefore more dangerous than the former.

I am not here arguing against these poisonous actions as *inefficient*; I do not deny that you can induce sleep and relieve pain and check diarrhœa by opium; I do not say that under some rare circumstances it may not be desirable even to do so. I do not say that you cannot cause action of the bowels by colocynth, or that it may not now and then be needful so to use colocynth; but I am breaking a lance with you *to prove that Allopathic medication is based on the employment of the poisonous properties of medicines*, which you deny in your pamphlet most indignantly.

But, you say, "the day has long since passed when the strong-dose system was used." How long is it since the late Augustus Stafford, a man full of the promise of great deeds, died under the narcotism of an overdose of opium? In my own present experience, I have three patients each suffering from mercurial poisoning. In one case a few mild (!) mercurial powders were prescribed for some biliary derangement by a physician eight years since, when such profuse salivation ensued as to threaten life. The patient recovered from the immediate danger, but now suffers from continued formations of matter beneath the periosteum of all the long bones.

Another patient was accidentally salivated some years past in the same manner, and has suffered from mercurial rheumatism ever since.

The third was similarly overdosed, and has ever since suffered from a train of mercurial symptoms, especially from erythema of the face and forehead.

Now in no one of these cases was more than a few grains of

mercury taken. In one, only *four doses of blue pill*. I know that these cases of mercurial poisoning are comparatively rare, but not so rare as some would suppose, as is proved by the fact of my having three such cases under my care at one time. I quote them as examples of the truth of my proposition, that Allopathy *uses the poisonous properties* of medicines, and in doses which sometimes prove highly poisonous, and that thereby the lives and health of patients, under the old system, are exposed to a needless risk. I am not for one moment wishing to imply that your method has not been fraught, on the whole, with advantage to suffering humanity. I believe in Allopathy as one of the modes of medicine-cure, but being based on the employment of the crude and poisonous effects of drugs on the human body, I deem it *coarse, uncertain, and dangerous*; and, since the discovery of the Homœopathic action of medicines, I would also add that Allopathy, except in rare instances, is *unnecessary*. If I can shew you a way to induce sleep, to relieve pain, and to check diarrhoea without the necessity of resorting to opiates; if I can shew you that constipation can be cured without having recourse to purgatives; I then shew you that the risks to which you expose patients, by administering poisons in doses almost poisonous, *are needless*; and I have a right to demand, in the cause of humanity, that you and all other medical men should fairly and practically examine a system which professes to contain these vast and solid improvements.

I conceive I have said enough to prove that there has been no “misrepresentation” in the assertion that Allopaths do still use poisons, since a simple comparison between the mode in which medicines produce death, and the effects which you intend them to produce as medicines, is in itself a proof that Allopaths use poisons.

Will you define a poison? Is it needful that a substance should produce death, in order to earn for itself a distinction as a poison? I think not. We call many things poisons, and speak of many persons as being poisoned, though death does not ensue.

Every substance is a poison, which when taken into the body produces derangement of function or change of structure; whatever, in fact, produces a deflection from health.

Tried by this standard, a blue-pill or a black-draught is a poison, for they will make *a healthy man ill*. A large dose of tartar-emetic or ipecacuanha *is a poison*, because it will cause *a healthy man to vomit*: while, on the other hand, an infinitesimal dose is *non-poisonous*, because if taken by a healthy man it will not cause *derangement of function* nor change of structure. Before an infinitesimal dose can act, it must first find some disturbance of function or structure present in the body, and this disturbance must hold a homœopathic relation to the drug administered.

This *non-poisonous* property of the infinitesimal dose is its *peculiar glory*; yet one of the most favorite Allopathic objections to Homœopathy is founded upon it. Nothing more clearly shews the entire ignorance of your Allopathic friends in the matter Homœopathic, than the stories *apropos* to this *non-poisonous* property of globules which they are continually raking up something after this fashion. A strong-stomached sceptic, or an innocent child in the first blush of health, swallows a whole bottle-full or even half-a-dozen bottles-full of globules with *no result*; and then, because the strong-stomached sceptic or the innocent child does not straightway fall down in a fit, or become narcotised or purged or vomited, the opponent sings a 'Te Deum' for his supposed victory over Homœopathy.

Simple-minded man, or precocious child, we thank you for this unwitting testimony to the truth of our assertion that our

medicines *do not contain poisonous doses*, and that they are *never baneful*. *Homœopathy never professed that its globules would narcotise, or purge, or vomit the healthy*. You have succeeded in discovering a huge mare's nest. I leave you and your friends to make the best of it.

I am well aware that, having been so long accustomed to letting loose little half-chained furies, you cannot at once comprehend angelic influences. Bear with me, and I will endeavour to explain that it is possible to find remedial influences so well balanced as to be *too weak to disturb health*, and yet *powerful enough to destroy disease*.

This is what we claim as the special blessing of the infinitesimal dose when applied homœopathically. You appear to be entirely ignorant of the facts on which we base our assertion, that the same dose of medicine which will suffice to cure a severe and acute inflammation, may yet be so minute as to do no manner of hurt to the healthy man.

I assume your ignorance of these facts from your having quoted, without comment, the following passage from Dr. Simpson's work. 'He (M. Andral) had taken quinine in 'the prescribed globules, but had contracted no intermittent 'fever; he had taken aconite, but without being affected with 'symptoms of plethora; sulphur he took, to try if he could 'catch the itch, but he caught nothing; neither, upon swallow-'ing certain globules of arnica, did he feel pains, as if he had 'suffered contusion: and so with various other substances 'which he and his friends took in obedience to the Hahne-'mannian precepts.'

From this passage it is clear that Professor Simpson is either ignorant of the mode in which Homœopaths prove their medicines, (in which case he lays himself open to severe criticism for writing on a subject of which he is ignorant); or he

has descended to a very discreditable trick in his attempt to cast ridicule on those who practise Homœopathy: and you have endorsed this error, or this trick, by trying to pass it as genuine, through the medium of your pamphlet.

Homœopaths do *not* assert that infinitesimals *will produce disease*. They *do not assert* that *infinitesimal doses* of quinine will produce a disease 'similar' to ague; nor that *infinitesimal doses* of aconite will *cause plethora*, &c., &c.

On the contrary, they assert that they will produce *no effect* on the healthy man. But they *do assert* that if a healthy man take large and increasing doses of BARK until his health becomes disordered, and then carefully notes down, in succession, all his *symptoms* until he regains health, he will give a very tolerably accurate picture of an ague-fit; he will shiver, then become fevered, then perspire, then recover health: and if he take bark for a long while, he will become broken down in health, and fall into a 'cachexia,' the similar to a condition of weakness which, when arising from natural causes, will be cured by bark.

Or to take another example: if a healthy man take STRONG TINCTURE OF ACONITE in large and increasing doses, he will be seized after a while with a well-marked train of symptoms 'similar to' simple fever, with plethora followed by paleness and exhaustion. To produce this result, Homœopaths have not taken infinitesimal doses of aconite, but *massive doses*. In one proving, Dr. Arneth began with five drops, three times a-day, of the strong tincture of aconite, and continued to increase the dose till he arrived at one hundred and thirty drops. During this proving, he took in sixty days, two thousand three hundred and eighty-six drops, or four and a-half ounces of the strongest tincture of aconite.

Our assertions as to the disease-producing power of medicines are based on observation and carefully conducted experiment, not with infinitesimal doses, but with strong and highly poisonous doses of the medicines.

What excuse then can you offer for having brought forward this false insinuation, and for impressing it with the seal of your own reputation? What can have induced you to give this false statement to your readers, as a sample of the mode in which Homœopaths prove their medicines?

You may possibly seek excuse by pointing to some passages in the writings of eccentric Homœopaths; but you profess to have written a “temperate examination of Homœopathy,” by which you lead your readers to infer that you are laying before them the science of Homœopathy as professed by those physicians and surgeons who are practising it around you, in your own city, in your own country, and in your own age. You have no further right to saddle these absurdities on the system, than I should have, were I writing a “temperate examination of Allopathy,” to attempt to hold Allopathic professors answerable for St. John Long’s arsenical treatment, or for Perkins’ metallic tractors, or even for many of Hippocrates’, Celsus’, or Galen’s views and recommendations.

You profess to deal with *what is*; I hold you to the present.

You profess to give to the world, “A temperate examination of Homœopathy;” it is clear that on this important point, “the provings of the medicines,” you have not examined it at all, unless you choose the alternative, and confess to having wilfully misrepresented it.

But if these small doses are thus proclaimed by Homœopaths to be innocuous to the healthy, how is it that they can be powerful against disease?

I answer, *because they are given homœopathically*. This probably is a point of view from which you have never considered the question, and yet on the homœopathicity of the small dose the whole question of its efficacy turns.

The word *Homœopathic* is probably only associated in your mind with *infinitesimal*; you think the terms convertible; you think a dose *homœopathic*, because it is *small*. No word is more generally misunderstood, and this misunderstanding has had a serious effect against the reception of Homœopathy into the minds of Allopaths. The size of the dose has no power to make it Homœopathic. Five grains of quinine is as much a Homœopathic dose, as is the millionth, or the billionth, or the decillionth of a grain. A large dose may be Homœopathic, and a small dose may have no relation to Homœopathy. But it is a popular error, and one which has been fostered by Allopaths, to call anything little, anything very minute, *Homœopathic*. If the members of the profession were a little better educated, and would give others credit for a little better education, this blunder could never have been perpetrated or perpetuated. Homœopathy signifies ‘similarity,’ not ‘smallness;’ and a medicine is said to be *homœopathic*, not when it is *little*, but when it has the power of producing an artificial disease ‘similar to’ the natural disease under which the patient is then labouring.

Thus BARK is *homœopathic* to one form of AGUE, in whatever dose it is given; OPIUM is *homœopathic* to a form of threatened APOPLEXY where there is stupor, constant drowsiness, contracted pupil, &c.

But BARK would not be *homœopathic* to any other form of AGUE, nor would OPIUM be *homœopathic* where there was neither *stupor*, *drowsiness*, nor *contracted pupils*.

The Homœopathic theory is that “likes cure their likes,” *i. e.* that a *medicine* will cure a train of symptoms (*caused by natural disease*) if its own *poisonous action* will produce a set of symptoms *similar* to them; in this case the medicine is *homœopathic* to the disease, but not otherwise. Small doses become a self-evident necessity in these cases, since a *poisonous dose* would act too powerfully. A man already suffering

from ague would be made worse by giving him very large doses of quinine while the ague was on him. Allopaths know this, and generally prescribe quinine to be taken *during the intermission*. Experience has shewn that it aggravates the attack to give it, during the febrile stage, in large doses. A man already drowsy and in half-stupor, would be sent into a deeper sleep by a large dose of opium. Experience therefore has led step by step to the adoption of very small, and in most cases, of infinitesimal doses of medicine, *when that medicine is given homœopathically*.

Herein lies the whole secret of the small dose. You think it absurd to give an infinitesimal dose of opium, because you are in the habit of giving a dose of a grain or half a grain. In your mind opium and sleep are inseparably associated together, you cannot conceive that they hold any other than an allied relation ; you give your grain or half grain of opium to induce sleep, to tranquillize the nervous system, to check diarrhoea,—your experience tells you that a less dose will not produce these effects ; you know that to expect these effects from the millionth or the billionth of a grain of opium *would be absurd*, therefore you say, *infinitesimal doses are absurd*. This may be Allopathic logic, but it contains this error, that opium if given to induce sleep would not be an Homœopathic remedy. That no Homœopath ever pretended that opium given in millionths or billionths of a grain could, would, or should *induce sleep* ; on the contrary, his experience tells him that in these doses it will remove deep *diseased sleep*, will *rouse the nervous system* from a state of *torpidity*, and will *remove constipation*.

Thus the absurdity lies in the creation of your own fancy. Homœopathy will have none of it.

Like the shield, about whose colour the two knights so hotly fought, each medicine has its *two sides*, its two opposite actions : its Allopathic poisonous action ; its Homœopathic

curative action. I have seen both sides of the shield—you have seen only one. I allow your side to be silver, but I also know mine to be gold. You declare the whole shield silver because you know it is silver on your side, and you refuse either to believe me, or to come over and convince yourself.

Yet, as a practical Allopath, you cannot fail to recognize the truth of my proposition; for, does not your *purgative* end its action by producing *constipation*? does not your opiate end its action by leaving the patient more watchful than before. Each medicine has its alternate action—its *poisonous action*, its *healing reaction*: you use the first, which resides in the massive doses, the grains, or the ounces; but Homœopathy uses the last, and the *infinitesimal dose contains the great discovery*, that it is not needful to *poison ere we cure*; but that we can arrive at once at the *curative*, and avoid the poisonous.

Homœopathic medication may be called the *medicine of specifics*, since all medicines given homœopathically act directly on the part affected. Allopathic medication, on the other hand, is more often ‘derivative,’ *i. e.* it is not directed to the diseased organs, but to those which are healthy, thus establishing an artificial disease, which it is hoped may draw away the natural one from its prey. For instance, in inflammation of the lungs, you apply a blister to the skin which was previously healthy, or give a purgative, though the bowels were already in good action, &c.

Of the two, I prefer the ‘specific’ side of the question, since it leaves the healthy tissues and functions untouched, and thereby facilitates rapid recovery of strength.

But the specific method necessitates the employment of the small dose in the majority of cases. Hahnemann, the discoverer of Homœopathy, did not commence with the small dose, he began by giving ordinary doses; but experience soon proved to him that it was needful to reduce the dose, and carefully proceeding experimentally, he was led at last to

adopt the infinitesimal dose. White hellebore is homœopathic to colicodynia, but must be given in minute doses, or it will not only fail to cure, but will aggravate the pain. Corrosive sublimate and colocynth are homœopathic to dysentery ; but as they exert a specific influence on the lower bowel, we necessarily give a very small dose.

In a future pamphlet, I may enter more fully into the theory of the action of the infinitesimal dose ; at present I will content myself with suggesting that its rationale is probably connected with the known increased sensibility of diseased parts to external impressions ; as for instance :

The inflamed eye is pained by the smallest ray of light, though in health it bears and rejoices in the brightness of sunshine.

In health, no sensation but that of pleasure follows a good meal.

In inflammation of the stomach, even the blandest food causes intense pain.

In health, the friendly grasp imparts delight to the hand.

But if the hand or finger be inflamed, a feather's weight is almost insupportable.

It is not marvellous then, if you bear these and other facts in mind, that the diseased organism responds to the action of doses, which the healthy body would not feel nor take any cognizance of ; that the inflamed liver should feel the effects even of infinitesimal doses of mercury, or that the inflamed stomach, which is thrown into agony by a teaspoonful of cold water, should feel an infinitesimal dose of arsenic or tartar-emetic.

In fact, *specifics* (Homœopathic medicines) must be given in very minute doses, because they act directly on the diseased parts ; whereas *derivatives* (Allopathic medicines), acting on the parts not diseased, are borne in larger doses. The comparative merits of the two systems I shall not here enter on.

I am simply explaining why infinitesimal doses, when given on Homœopathic principles, are not only not absurd, but are almost, if not quite, essential to a rapid and painless cure.

In the latter part of your first tract you follow Dr. Simpson's lead, and with copious extracts from his oft-refuted work you attack the PROVINGS of drugs as reported in "Jahr's Symptomatology" and in the "Pathogenetic Cyclopædia." In this attack you do not appear to have apprehended Hahnemann's *idea*, and you also have given a very imperfect and meagre illustration of the Symptomatology of Jahr. Your chief accusation is that the symptoms recorded are too numerous to be true, and instance that "1090 symptoms" are reported as having been induced by "oyster-shell," and "1242 by the effects of the ink of the cuttle-fish," &c., &c.

Let us examine into this matter.

Hahnemann held that it was necessary, in order to obtain a knowledge of the pure effects of drugs, that they should be administered to the healthy; for when drugs are administered to the sick, the result must be modified by the disease. Therefore Hahnemann experimented on himself and on other healthy persons, giving them instructions that they should note down in succession every deviation from health which occurred after taking the medicine with which the experiment was made. The persons thus experimented on were called *provers*, and the results of their experiments were called *provings*. Every care was taken that these *provings* should be conducted in such a way as to give the pure effects of the medicines. The *name* of the medicine was *unknown to the provers*; they were kept from all kinds of food likely to modify or alter the effect of the drugs, and they were then told to record all sensations and symptoms, even the most trivial, which appeared a departure from health, and to continue to note them down as they oc-

curred, and as long as they continued until the return to health was again perfect. Hence we find among the symptoms recorded, a vast number of sensations and feelings; of fancies and dreams, as well as a number of well-marked and characteristic symptoms of disease. Still it appears in the highest degree improbable that any one individual could in his own body experience 1090 or 1242 symptoms from the administration of a single drug. Nor is it understood by Homœopathists that this ever was the case. Jahr's Symptoms of Calcarea or of Sepia (the oyster-shell and ink of cuttle-fish, of Simpson) are the reports, not of *one case* only, but of the provings of very many different people, and of the same people at different times. Hence it is not surprising that this number of symptoms should have been collected: many of the symptoms are however radically the same; some are no doubt fancies (and are so expressed), some are dreams; and the fact of Jahr's having recorded them proves, to my mind, the faithfulness of the man. He has rejected nothing; he has run the risk of having his work stigmatised as visionary, absurd, and impracticable, when he had the power of preventing this by simply expunging all that was strange and new. But no; he has chosen rather to suffer reproach by adhering strictly to the truth.

Those who study disease at the bed-side, and then turn carefully to the medicine indicated in Jahr's or Hahnemann's Materia Medica, will not fail to be struck with the minute correspondence between the symptoms detailed in these works, and those complained of by the patient, suffering under the disease to which the medicine is homœopathic. Many curious symptoms which are useless to the Allopath, are found useful in a high degree to the Homœopath, as leading him to the choice of the appropriate remedy.

Thus, *pains greatly increased by movement but relieved by rest*, point, if other symptoms correspond, to BRYONIA ALBA.

While, *pains relieved by movement and increased during*

rest, point, if other symptoms correspond, to RHUS TOXICODENDRON. These are often found in *Rheumatism*, and would guide the Homœopath in his treatment. I am not aware that they would possess any value to the Allopath. Again, you impugn the truthfulness of Jahr's Symptomatology, because he reports, as the symptoms produced by the same medicine, "both dry coryza and fluid coryza," both "paleness and redness of the face," both "hollowness and puffiness of it," both "dryness of the mouth and salivation," &c., &c.

This again affords an illustration of Jahr's faithfulness as a chronicler; and not only that, but also, I contend, it gives an accurate picture of disease.

Have you not seen, in the same disease, affecting different individuals, some opposite symptoms? and if disease acts thus, ought not artificial diseases to act so too, if they have any correspondence with natural disease?

Thus, does not catarrh of the nose produce "dry coryza and fluid coryza" in different individuals? nay, does it not even produce both effects, during the same attack, in the same patient at different times? Is there not often this alternating effect in natural disease? Why then think it incredible in artificially induced disease?

Is there not both "paleness and redness of the face" to be found at different times in the same attack of fever? Do we not find both 'dryness of the mouth and salivation' during the same attack of mumps? Have we not sometimes diarrhœa, sometimes constipation, as symptoms of the same fever? Surely all must here allow, who have any clinical experience to fall back upon, that there are always two sides to a disease, as well as "two sides to a question."

How then can you make an observation, at once so shallow and so weak, as the following: "But in order that such "provings" and experiments on the healthy, as the homœopaths speak of, could be of any practical value in the

homœopathic mode of treatment, it would be necessary also to ascertain, what Hahnemann and his followers have forgotten to ascertain, that the same drug produces the same symptoms, not only in all different individuals to whom it is exhibited in practice, but also in the same individual, equally in the state of health and in different states of diseases.”*

Experience shews us that diseases have not an uniform action on the human body ; we ought not therefore to expect exact uniformity in the action of medicines. Nevertheless, we find a sufficiently persistent group of symptoms to represent a disease,—symptoms which, though not absolutely regular in their recurrence and aspect, yet are sufficiently so to enable us to recognize the disease and endow it with a name. It is not otherwise with the drug disease. For instance, opium has a recognized train of symptoms, which though not *invariable* are yet sufficiently marked to afford us a guide for its application.

And lastly come the mental symptoms or delusions. These to a non-professional man seem simple folly. To an Allopath, the recapitulation of them is useless, though he may have recognized them as delusions which often do accompany certain states of disease ; whereas to the Homœopath they may form a guide to the administration of a medicine, which not only cures the delusion, but will also cure the diseased condition which gave rise to it.

These provings are all facts, and therefore cannot be met by arguments founded on theoretical objections.

I hope at some future time to enter more fully into the subjects treated of in your second pamphlet. Space and time forbid my alluding further to it at present, than to express my regret that you have thought it needful to mass the out-door mortality with that of the in-patients, in your statistics of the Leeds Infirmary.

* See *A Temperate Examination of Homœopathy*. No. I. pp. 11 and 12.

This course is unusual, and I believe has never yet been attempted, inasmuch as it would destroy what little value is still to be found in medical statistics. In comparing statistics, great care ought to be taken that there is some correspondence or relation between the sources of the statistics compared. You must allow the unfairness of massing the *in and out patients* of the Leeds Infirmary, in order to reduce its mortality to a lower level than that of another hospital whose statistics relate to *in-patients* only. Even the heat of argument cannot offer an excuse for this course. By thus massing your in and out patients together, you reduce your mortality to 3·2 per-cent. The St. George's Hospital, London, (Allopathic) acknowledges a per-centage of nearly 22 per-cent in 1858, 394 deaths out of 1862 patients; and from the report of the eight previous years it does not appear that this is an unusually high per-centage. The London Homœopathic Hospital has an average mortality of 5 to 6 per-cent. Both these statistics of course refer to *in-patients only*; your 32 per-cent at the Leeds Infirmary stands out in solitary grandeur among statistics *incomparable*, because no other hospital or infirmary adopts the same method of mortality-enumeration. In your promised and forthcoming pamphlet on statistics, it is to be hoped you will either glean similarly obtained statistics from other hospitals, or reduce your calculation to the method usually adopted by all other writers on medical statistics.

In the foregoing pages I have not attempted to answer 'seriatim' all your objections to Homœopathy; such a course was not open to me, since I have written among the very many interruptions of a large practice; my answers therefore are necessarily fragmentary and unconnected. But I have attempted to penetrate into the spirit of your pamphlets, and

to answer those objections which appeared to me to be most weighty.

I trust that, at least, I shall have convinced you that there are "two sides to the question," and shall have proved that if Homœopathy is not (as some of its ardent supporters believe) the *only method of cure*, it is deserving a very different treatment from the profession to that which it has at present received from it.

What I desire to see on "both sides of the question" is less animosity and a greater striving after 'catholicity,' an openness to confess weakness on their own side, and generosity to admit that which is excellent and useful on the opposite side. My own experience leads me to conclude that this catholic spirit is to be found oftener on the Homœopathic than on the Allopathic side of the question. I commend my 'Observations' to your careful consideration, and thus for the present take my leave of you,

W. B.

To W. BRAITHWAITE, Esq.

*Editor of the "RETROSPECT OF MEDICINE,"
a half-yearly Journal professing to contain "a Retrospective
View of every discovery and practical improvement in the
Medical Sciences."*

P.S. Those of my readers who have not already seen it, and who desire (as they should in fairness) to see "both sides of the question," should procure Mr. Braithwaite's "TEMPERATE EXAMINATION OF HOMŒOPATHY." Published by *Simpkin, Marshall & Co., London.* Price 2d.

RECENT PUBLICATIONS.

1.

A NEW REPERTORY, or SYSTEMATIC ARRANGEMENT OF MATERIA MEDICA. By Drs. DRYSDALE, DUDGEON, and STOKES, with an Introduction by Drs. DRYSDALE and ATKIN. *Parts I, II, III, and IV*, are already published, and it is intended that the remainder shall appear at as short intervals as possible. The whole to be complete in 6 or 8 Parts. Price, to Subscribers, 4s. per part; to Non-Subscribers, 5s.

PORTFOLIO, to preserve the above Work in a convenient form for reference until complete, 2s.

2.

A NEW AND COMPREHENSIVE SYSTEM OF MATERIA MEDICA AND THERAPEUTICS. Arranged upon a Physiologico-Pathological Basis, for the use of Practitioners and Students of Medicine, by C. J. HEMPEL, M.D. Royal 8vo. 1220 pages. Price 25s.

3.

THE SCIENCE AND ART, OR THE PRINCIPLES AND PRACTICE OF MEDICINE. Parts I to IV., by J. C. PETERS, M.D. *Published Monthly.* Price 3s. 6d. per Part.

4.

THE GENTLEMAN'S STABLE MANUAL. A Treatise on the Construction of the Stable, Feeding and Grooming of Horses; Hygienic Treatment of the Sick Horse, Shoeing, Management of the Hunter; and on Equine Diseases and Accidents, with the most Scientific Modes of Treatment. By WILLIAM HAYCOCK, M.R.C.V.S. Illustrated with a series of highly-finished Wood Engravings. Price 10s. 6d.

5.

CONFERENCES UPON HOMŒOPATHY. By Dr. MICHAEL GRAINER. Price 4s. 6d.

6.

HOMŒOPATHY. A Letter in answer to Mr. BRAITHWAITE'S "Temperate Examination of Homœopathy." By W. S. CRAIG, M.D. Price 2d.

7.

HOMŒOPATHIC DOMESTIC PRACTICE. By E. GUERNSEY, M.D. Abridged, Revised, and Edited by HENRY THOMAS, M.D. The Directions for the Administration of the Remedy in this Work comprise full Instructions for both Tinctures and Globules in each case. Second Edition, enlarged, 8vo. fcap. 8vo. bound, price 5s.

8.

MANUAL OF HOMŒOPATHIC THEORY AND PRACTICE. With an Elementary Treatise on the Homœopathic Treatment of Surgical Diseases; designed for Students and Practitioners of Medicine. By C. J. HEMPEL, M.D., and J. BEAKLEY, M.D. Demy 8vo. bound, 1100 pages, Price 10s.

MANCHESTER: TURNER AND Co., Piccadilly.

CAMBRIDGE: T. R BRYANT, 19, Market Street.

